

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MISSOURI  
DIVISION

Donald L. Mayberry

Enter above the full name of Plaintiff or Plaintiffs

vs.

CASE NO. 13-3450 - (U-S-JFM)

The Wooten Co. LLC

d/b/a Delaware on Primrose

Apts. DAVID E. O'Reilly

Enter above the full name of Defendant or Defendants

CIVIL COMPLAINT

I. Parties to this Civil Action

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any, on back side of this sheet.)

A. Name of Plaintiff:

Donald L. Mayberry

Address:

1717 E. Primrose St. Apt. D1110  
Springfield, Mo 65804

B. Name of Defendant(s):

The Wooten Co. LLC

DAVID E. O'Reilly - Delaware on Primrose  
Apts.

## II. Statement of Claim

(State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of **related** claims, number and set forth each claim in a separate paragraph. [Use as much space as you need to state the facts. Attach extra sheet, if necessary.] **Unrelated** separate claims should be raised in separate civil actions.)

I am a current Resident seeking to stop my apt being sprayed w/ toxic bed bug spray. I will suffer immed harm medically due to medication I am taking.

## III. Relief

State briefly exactly what you want the Court to do for you.

Issue an emergency TRO before Dec 6th to allow me to make an argument against this action.

Make no legal arguments. Cite no cases or statutes.

## IV. Do you claim the wrongs alleged in your complaint are continuing to occur at the present time?

Yes ☒ No ☐

## V. Do you claim actual or punitive monetary damages for the acts alleged in your complaint?

Yes ☐ No ☒

If you answered yes, state the amounts claimed and the reasons you claim you are entitled to recover money damages

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. Counsel**

Do you have an attorney to represent you in this civil action?

Yes ☐

No ☒

- A. Have you made any effort to contact a private attorney to determine if he or she would represent you in this civil action?

Yes ☒

No ☐

- B. If you answered yes, state the names and addresses of the attorneys contacted, and give the results of those efforts.

*Local attorneys over the holiday. Plaintiff had knowledge of or personal relationships to Defendant*

- C. If you answered no, state your reasons why no such efforts have been made.

**VII. Administrative Procedures**

- A. Have the claims which you make in this civil action been presented through any type of Administrative Procedure within any government agency?

Yes ☐

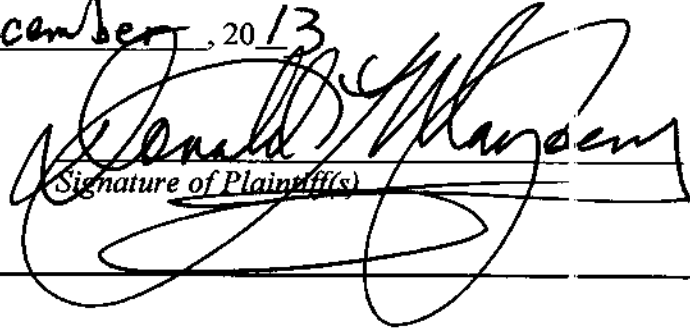
No ☒

- B. If you answered yes, state the date your claims were presented, how they were presented, and the result of that procedure.

C. If you answered no, give the reasons, if any, why the claims made in this action have not been presented through Administrative Procedures.

Due to holidays there wasn't time to  
stop this action.

Signed this 2nd day of December, 2013

  
Signature of Plaintiff(s)

**VERIFICATION**  
(All parties must verify)

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn under oath, presents that he/she is the Plaintiff in this action; that he/she knows the contents of the complaint; and that the information contained therein is true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Signature of Plaintiff(s)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires